

PO9000000970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

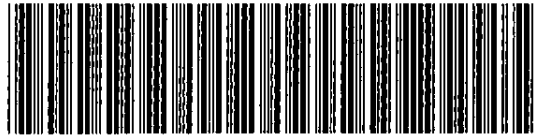
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400139232104

12/29/08--01017--023 **70.00

FILED
09 JAN -7 PM 5:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Huntingdon Healthcare, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Thomas F. Hudgins
Name (Printed or typed)

2800 Davis Blvd., Suite 203
Address

Naples, FL 34104
City, State & Zip

239-263-7660
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

November 4, 2008

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Huntingdon Healthcare LLC &
Huntingdon Healthcare Inc.

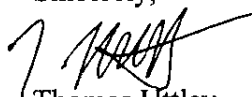
To Whom it May Concern,

I, Tom Uttley am the business owner of the above entities. I had originally submitted a conversion request from Huntingdon Healthcare Inc., to Huntingdon Healthcare LLC. By doing this, I thought both entities would have remained active. Unfortunately with the conversion they did not. I will need both entities to remain active.

Since I am the owner of both entities, Huntingdon Healthcare LLC gives permission to Huntingdon Healthcare Inc., to use the same name.

Should you have any questions with regards to this matter or need anything further, please do not hesitate to contact me.

Sincerely,



Thomas Uttley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 31, 2008

THOMAS F. HUDGINS
2800 DAVIS BLVD., SUITE 203
NAPLES, FL 34104

SUBJECT: HUNTINGDON HEALTHCARE, INC.
Ref. Number: W08000057216

We have received your document for HUNTINGDON HEALTHCARE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Paisley A Alford
Clerk
New Filing Section

Letter Number: 608A00062053

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Huntingdon Healthcare, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

12734 Kenwood Lane, Suite 84
Ft. Myers, FL 33907

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All legal purposes

ARTICLE IV SHARES

The number of shares of stock is:

7500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Thomas Uttley
1002 Clarellen
Ft. Myers, FL 34104

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

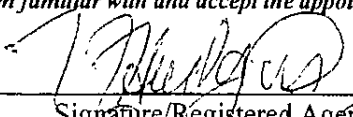
Thomas F. Hudgins
2800 Davis Blvd., Suite 203
Naples, FL 34104

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Thomas F. Hudgins
2800 Davis Blvd., Suite 203
Naples, FL 34104

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Signature/Incorporator

12/24/08

Date

12/24/08

Date

FILED
09 JAN -7 PM 5:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA